

MBS Review explained - overview and public consultation

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The MBS Review

- Established by Health Minister Sussan Ley in June 2015
- MBS is the largest single health program
 - \$20B p.a
 - 30 per cent of Commonwealth health expenditure
 - Overall health expenditure exceeds \$150 billion per annum
- More than 5,700 services funded
 - many haven't been re-examined or evaluated since listing

Why are we doing the review?

- Health care has advanced and the MBS has not kept up
- The MBS is a key driver of the way health services are delivered into our community. Needs to support high-value care over low-value care:
 - **Low-value care** includes the use of tests and procedures not appropriately targeted to patients for clinical benefit or where risk of patient exceeds benefit.
 - Some MBS services no longer have any clinical value.
- **Complexity and ambiguity** in MBS rules and item descriptors leading to confusion among both clinicians and patients
- **Health service access gaps** or distortions in supply – underuse of high-value items (often occurs in rural areas)

Our vision for the Review

To ensure that the Medicare Benefits Schedule provides affordable universal access to best practice health services that represent value for both the individual patient and the health system

The MBS is only effective and efficient if Item use enables:

- Safe care
- High quality care
- Fair, affordable access for all
- Health and economic benefit at an individual and systemic level
- Ongoing monitoring for quality assurance
- Use of MBS data for public benefit.

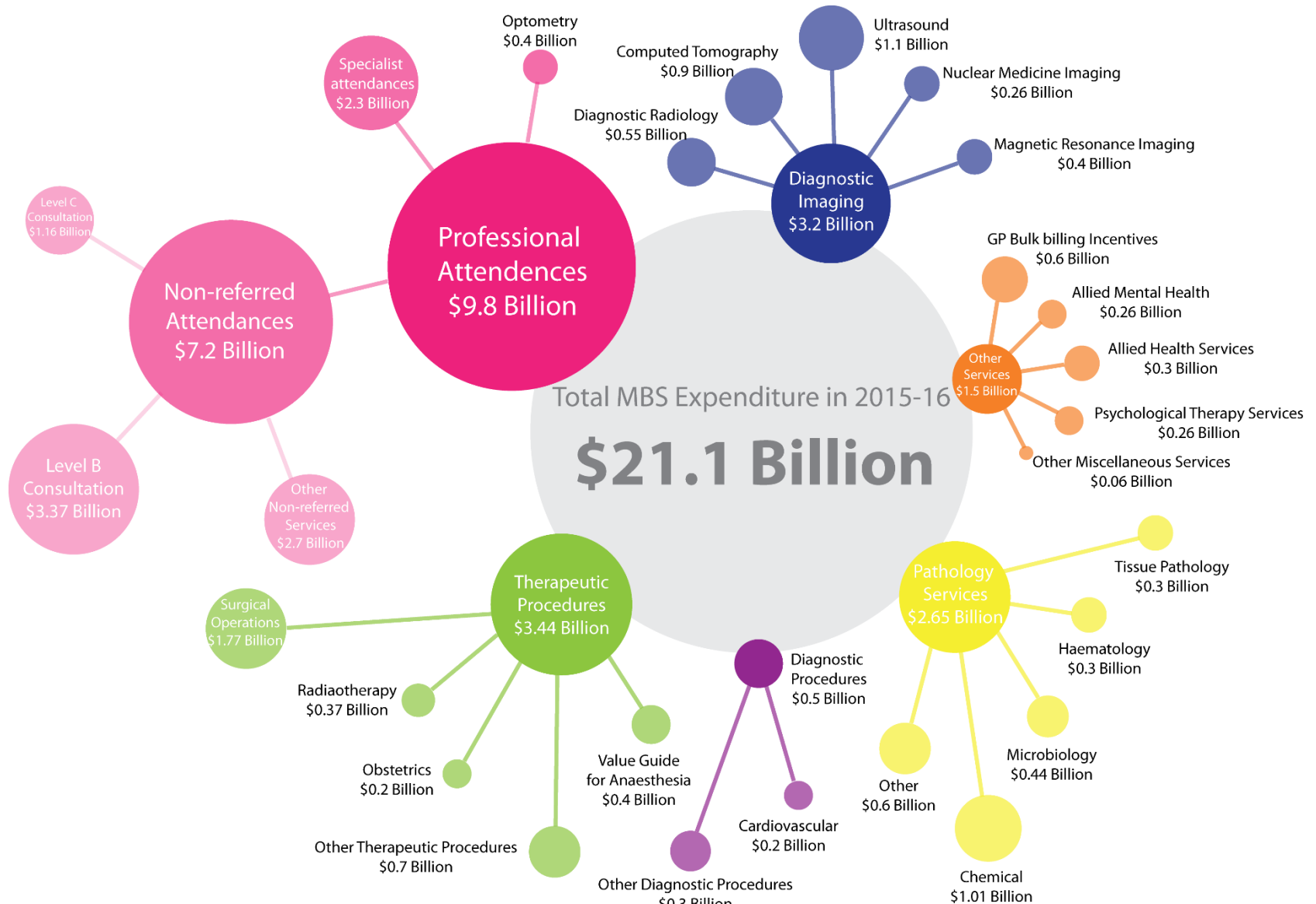
Why do we believe this review will be successful?

- Clinicians and consumers are supportive and fully engaged
- The Colleges and medical bodies are supportive
- The process uses evidence, data, clinician opinion and consumer input
- Process is methodical and thoughtful with good support from the Department of Health
- Continually learning from feedback and improving process of review

What are the benefits?

- Health consumers receive more appropriate health care
- Community/society receive better value for taxes and a more user friendly patient centred system
- Clinicians – more efficient and effective systems, based on care that is appropriate, effective and up to date
- Corporates – costs aligned to rebates, not dependent on ‘cross-subsidies’

What do we spend on the MBS?



What is our methodology?

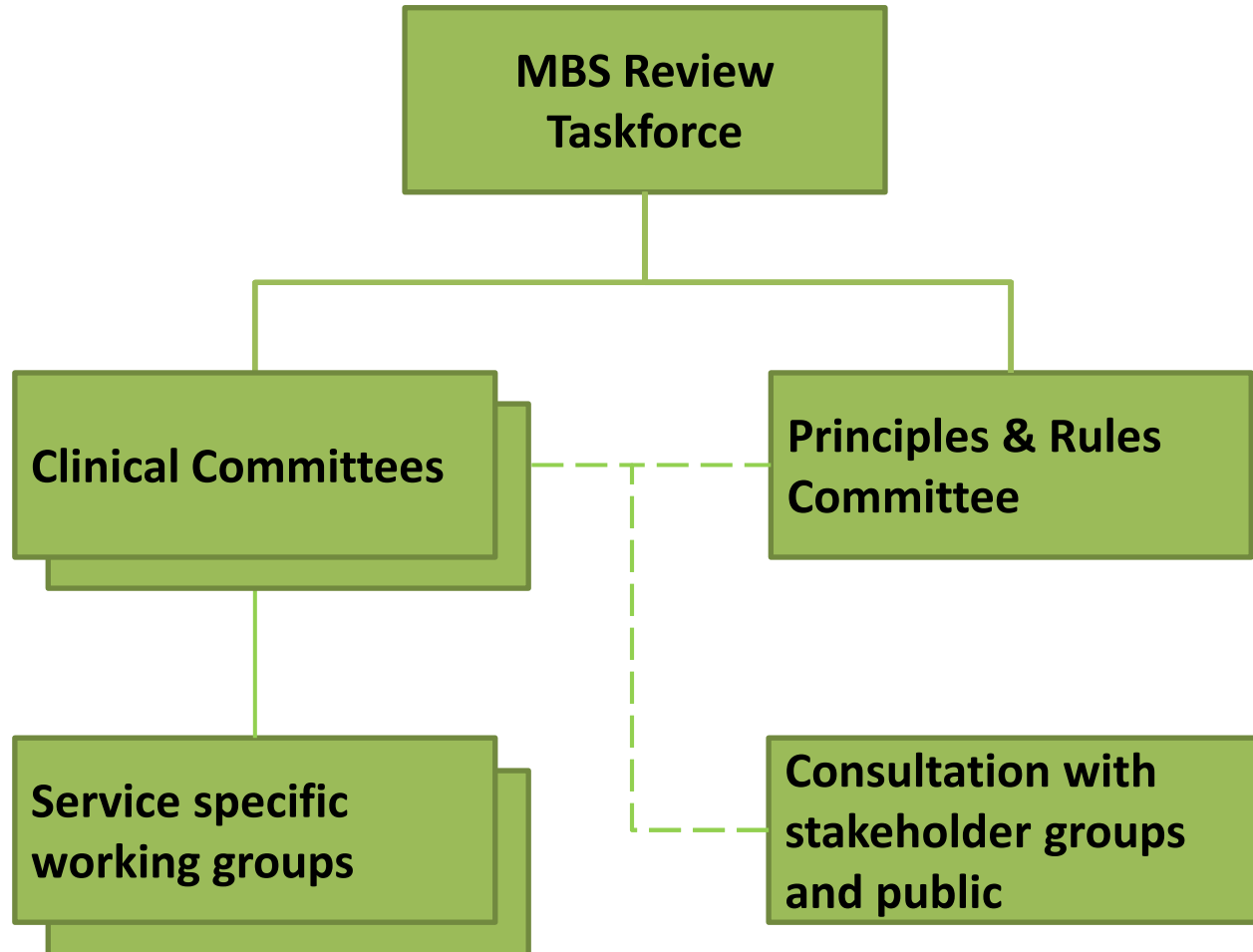
- Clinician-led : diversity of clinicians on the Taskforce
- Clinical Committees: all led by highly regarded clinicians
 - Discipline-specific clinical committees
 - Subordinate working groups for reviews of particular services
 - Membership is broad-based:
 - Clinicians, requestors, generalists, academics with public health and health economics expertise, consumers
 - Members are experts in their own right and not a ‘representative’ of an organisation
 - Members from all jurisdictions

Highly collaborative process

This involves:

- Consumers community
 - A wide diversity of Health professionals
 - Industry
 - Government
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- Public consultation with stakeholders is integral to the process and provides continuous feedback to the Taskforce.
 - The contribution of consumers is critical to the Review.
 - Health consumer panel established,
 - Consumer representation on the Taskforce and clinical committees.

MBS review activities have been distributed among several groups



Other initiatives

- Taskforce has set up a number of sub-groups to examine:
 - Payment innovation
 - Data transparency and behavioural change
 - Research and relative values
 - Use of MBS funding
- These are aimed at ensuring care provided is appropriate, efficient, effective and patient centred

Examples of Clinical Committees with nursing or midwifery representation

Obstetrics

Ms Elizabeth Wilkes - Chief Executive Officer, Midwifery and Maternity Provider Organisation Australia; Midwife, private practice

Gastroenterology

Ms Di Jones - Assistant Director of Nursing, Endoscopy Services, Logan Bayside Health Network; President, Society of International Gastroenterology Nurses and Endoscopy Associates

Renal Medicine

Ms Alison Marcus - Registered Nurse; Consumer Representative
Ms Lesley Salem, Nephrology and Chronic Disease Nurse Practitioner

Oncology

Ms Maree Bransdon - Nursing Director, Central Integrated Regional Cancer Service, Queensland Department of Health

What does the Principles and Rules Committee do?

Description of the Principles and Rules Committee

- The Taskforce will recommend updates to the **legislation** which underpins the MBS
- The Committee contains a **broad range of participants**, including Taskforce members clinicians, and others
- Stakeholders are invited to **actively contribute** to the refinement of Rules

Examples of issues raised by stakeholders

- **Referral regulation:** how can the current model be optimised for patients and providers
- **MBS item descriptors:** how can MBS items be more clearly defined and user-friendly?
- **MBS principles:** e.g., complete medical service, aftercare etc.

Current Public Consultation

Public consultation open

Recommendations from the first six Clinical Committees established by the Taskforce and the first Principles and Rules Committee reports are currently available and closes October 7

Clinical Committee reports released for public consultation include:

- Gastroenterology Clinical Committee
- Obstetrics Clinical Committee
- Diagnostic Imaging Clinical Committee – Low Back Pain
- Diagnostic Imaging Clinical Committee – Bone Densitometry
- Thoracic Medicine Clinical Committee
- Ear, Nose and Throat Surgery Clinical Committee on Tonsillectomy, Adenoidectomy & Insertion of Grommets

Feedback will be considered by the committees who will have the opportunity to amend or re-endorse their recommendations.

The results will be carefully considered by the Taskforce before final recommendations are made to government.

Gastroenterology

	Benefits Paid in 2014-15 (\$ million)	Number of service in 2014-15 (million)	Number of items reviewed
Gastroenterology looked at:	258	1.1	53

Example recommendation:

- Colonoscopy is an important test to diagnose bowel cancer and over 700,000 MBS funded colonoscopies are done annually. However, every year a small number of Australians suffer major complications from the test including perforation of the bowel and even death.
- Data shows 30 times difference across Australia in the use of this test not explained by medical or demographic differences or their risk of developing cancer.
- Recommended changes will better target colonoscopy to people who will benefit. Decreases risk of harm to those who will not benefit and frees up resources for those require appropriate diagnosis and treatment

Obstetrics

	Benefits Paid in 2014-15 (\$ million)*	Number of service in 2014-15 (million)*	Number of items reviewed
Obstetrics looked at:	326	4.7	99

Example recommendation

- Two items have been amended to require that a mental health assessment is undertaken, and two new items for consultations after birth have been proposed which also include the requirement that a mental health assessment is undertaken.
- Up to 10% of women experience pre-natal anxiety and/or depression and 16% of women experience postnatal anxiety and/or depression. Suicide has become one of the leading causes of maternal death in Australia.
- National guidelines recommend all women be screened for perinatal anxiety and depression prenatally. This is routine practice in public hospitals, but no structured program for private patients.
- These changes will improve early detection and intervention, improving mental health outcomes for patients.

Diagnostic Imaging (Low back pain)

	Benefits Paid in 2014-15 (\$ million)	Number of service in 2014-15 (million)	Number of items reviewed
Low Back Pain looked at:	175	1.1	45

Example recommendation:

- X-rays of the whole spine have a very limited place in practice. MBS data show that over 100,000 people annually are undergoing these x-rays and are thus exposed to unnecessary radiation.
- Almost all of these x-rays are requested by chiropractors. Sometimes required for patients with scoliosis and these patients will be under the care of a medical practitioner.
- Changes to GP requested MRI and CT of the spine will be further considered depending on the feedback received as part of the consultations.

What's next?

- Continuation of stakeholder engagement and public consultation
 - Consultation will occur regularly throughout the rest of 2016 and into 2017
- Public consultation will follow reporting from all Clinical Committees
 - Recommendations including obsolete items, rapid reviews, changes to existing items, new services
 - Detailed information to provide context and rationale
 - Targeted consultation by directly contacting organisations with relevant interests
 - Broad consultation by publishing on website, media release, and newsletter
- Taskforce considers recommendations from Clinical Committee and feedback from public consultation, prior to making recommendations to Minister

Looking ahead

- The third tranche of clinical committees will commence later in 2016.
- Will include Anaesthetics, Spinal Surgery, Primary Care, Gynaecology (includes ART), Orthopaedics.
- Chairs and broad based membership being finalised.
- Taskforce member is part of each committee.
- We encourage people to nominate.
- All members have enjoyed being part of the committee despite a lot of work.
- Committees average meeting once a month mainly via teleconference and occasionally face to face. Takes up to 8-10 months for a clinical committee to complete its recommendations.
- As committees complete their schedule of work additional tranches will be rolled out.

Want to get involved further?

Dedicated Nurse Practitioner and Participating Midwife clinical committee to be established.

You can be involved with the Review by:

- nominating persons to be members of upcoming clinical committees and working groups
- providing feedback on recommendations published for public consultation
- making submissions for the consideration of a particular clinical committees about existing MBS items
- subscribing to the MBS Review newsletter to receive regular updates
- Contacting Review Team for any further updates on current or future committees and reports
- Advising the Review Team of any consultations or forums we should undertake

More information

Further information on the current and future committees can be found on the Department of Health's website

- Website: visit *health.gov.au*
- Email: *MBSReviews@health.gov.au*